



Please type a plus sign (+) inside this box →

+

09-16-04

IFW

PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/822,873
		Filing Date	April 13, 2004
		First Named Inventor	HENDERSON, DANIEL R.
		Group Art Unit	1632
		Examiner Name	
Total Number of Pages in This Submission	3	Attorney Docket Number	CELL-004CON2

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1. Copy of Power of Attorney
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	2. Correspondence Address Form
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CD(s)	3. Postcard
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

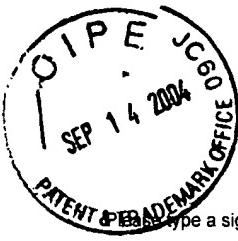
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Signing Attorney/Agent (Reg. No.)	PAMELA J. SHERWOOD, 36,677 BOZICEVIC, FIELD & FRANCIS, LLP
Signature	
Date	September 14, 2004

EXPRESS MAIL LABEL NO. EV462737936US

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

→

PTO/SB/121 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

**CORRESPONDENCE
ADDRESS
INDICATION FORM**

Address to:
Mail Stop CN
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please recognize the following address as the correspondence address:

 Customer Number 24353

OR

 Request for Customer Number (PTO/SB/125) submitted herewith.

In the following listed application(s) or patent(s):

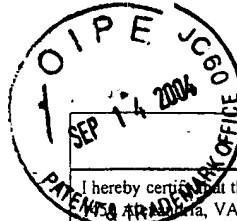
Patent Number (if appropriate)	Application Number	Patent Date (if appropriate)	U.S. Filing Date
	10/822,873		April 13, 2004

Typed or Printed Name	Pamela J. Sherwood	(check one) <input type="checkbox"/> Applicant or Patentee <input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> Attorney or Agent of Record 36,677 (Reg. No.)
Signature		
Date	September 14, 2004	
Address of Signer:	BOZICEVIC, FIELD & FRANCIS, LLP 1900 University Circle, Suite 200 East Palo Alto, California 94303	

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below *.

 *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CN, Washington, DC 20231.



CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or Printed Name:	Susan M. Alessi		
Signature		Date:	July 14, 2004
REVOCATION OF POWER OF ATTORNEY/POWER OF ATTORNEY OR AUTHORIZATION OF AGENT			
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket	CELL-004CON2	
	First Named Inventor	HENDERSON, DANIEL R.	
	Application Number	10/822,873	
	Filing Date	April 13, 2004	
	Group Art Unit		
	Examiner Name		
	Title:	"TISSUE SPECIFIC ADENOVIRAL VECTORS"	

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application and hereby appoint Practitioners at:



24353

COPY

whose address is: Bozicevic, Field & Francis LLP, 200 Middlefield Road, Suite 200, Menlo Park, CA 94025 as its attorney(s) or agent(s) to prosecute the application identified above, to prepare and file amendments, to inspect and make copies thereof and of any papers in any appellate or *inter partes* proceedings in which the Application may be or become involved, and generally to conduct all business in the United States Patent and Trademark Office relating to the prosecution of the application or any application that claims priority from this application.

- Please change the correspondence address for the above-identified application to the above-mentioned customer number.

STATEMENT UNDER 37 CFR § 3.73(b)

In accordance with 37 CFR §3.73(b) I hereby certify that I am empowered to act on behalf of the Assignee of the above-identified patent application. The Assignments are being filed herewith for Recordation.

I declare that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code §1001 and that such willful false statements may jeopardize the validity of the above referenced application or any patent resulting from that application.

I am the:

- Applicant; or
 Assignee of record of the entire interest
 Attorney of record

SIGNATURE of Applicant, Assignee or Attorney of Record

Name	Pamela J. Sherwood
Signature	
Date	July 14, 2004